

02-17-05

EXPRESS MAIL NO. EV529781925US PTO/SB/31 (09-04)

AF/2654  
ZHU

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

### NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)  
851663.413USPC

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

In re Application of  
Mohammed Javed Absar et al.

Application Number  
09/622,736

Filed  
October 27, 2000

Signature \_\_\_\_\_

Typed or printed name \_\_\_\_\_

For  
FAST FREQUENCY TRANSFORMATION TECHNIQUE FOR TRANSFORM AUDIO CODERS

Art Unit  
2654

Examiner  
Mohammed Javed Absar

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ \_\_\_\_\_

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)

attorney or agent of record. Registration No. 47,435

attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Signature

Timothy L. Boller

Typed or Printed Name

(206) 622-4900

Telephone Number

February 16, 2005

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 form is submitted.

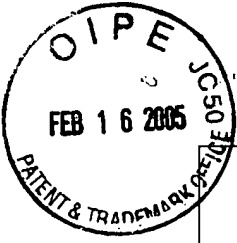
This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

562814\_1.DOC

02/18/2005 09:06:27 00000063 09622736

500.00 0P

01 FC:1401



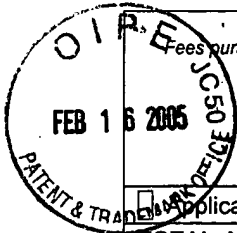
<h1>TRANSMITTAL FORM</h1> <p>(To be used for all correspondence after initial filing)</p>	Application Number	09/622,736
	Filing Date	October 27, 2000
	First Named Inventor	Mohammed Javed Absar
	Art Unit	2654
	Examiner Name	Qi Han
	Attorney Docket No.	851663.413USPC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ): _____ _____ _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number <b>00500</b>	
Signature			
Printed Name	Timothy L. Boller		
Date	February 16, 2005	Reg. No.	47,435

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	***SENT VIA EXPRESS MAIL***
Typed or printed name	Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 562788\_1.DOC



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

**Complete if Known**

Application Number	09/622,736
Filing Date	October 27, 2000
First Named Inventor	Mohammed Javed Absar
Examiner Name	Qi Han
Art Unit	2654
Attorney Docket No.	851663.413USPC

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**500**

**METHOD OF PAYMENT (check all that apply)**

- Check     Credit Card     Money Order     Other (please identify): \_\_\_\_\_
- Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below                       Charge fee(s) indicated below, **except for the filing fee**
- Charge any additional fee(s) or underpayments     Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ -20 or HP = _____	X	_____ = _____	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -3 or HP = _____	X	_____ = _____	_____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 = _____	/50 = _____	_____ (round up to a whole number)	x _____	_____

**4. OTHER FEE(S)**

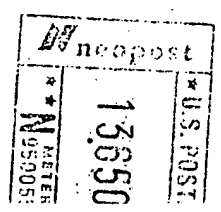
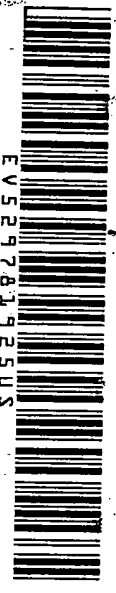
Description	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Notice of Appeal</u>	<b>500</b>
_____	_____
_____	_____

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	47,435	Telephone	206-622-4900
Name (Print/Type)	Timothy L. Boller	Date	February 16, 2005		

REGULATED WEIGHT  
DOMESTIC USE ONLY

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES



**USPTO MAIL**  
**RECEIVED**  
 FEB 17 2005  
 Addressee Copy  
 Label 11-F June 2002  
 UNITED STATES POSTAL SERVICE®  
 Post Office To Addressee

**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code: 98101  
 Date in: Mo. 2, Day 16, Year 2005  
 Time in:  AM  PM  
 Weight: 3 lbs. 0 oz.  
 Day of Delivery:  Next  Second  Flat Rate Envelope  
 12 Noon  3 PM Postage  
 Military:  2nd Day  3rd Day Return Receipt Fee  
 Intl Alpha Country Code:  Insurance Fee  
 Acceptance Clerk Initials: \$ Total Postage & Fees  
 No Delivery  Holiday  Customer Use Only  
 METHOD OF PAYMENT: Express Mail Certificate Act. No.

**DELIVERY (POSTAL USE ONLY)**

Delivery Attempt:  AM  PM Employee Signature  
 Mo. Day Time  
 Delivery Attempt:  AM  PM Employee Signature  
 Mo. Day Time  
 Delivery Date:  AM  PM Employee Signature  
 Mo. Day Time  
 WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if  
 addressee or addressee's agent (if delivery employee judges that article can be left in secure  
 location) and I authorize that delivery employee's signature constitutes valid proof of delivery.  
 NO DELIVERY  Holiday  Customer Signature  
 Federal Agency Act. No. or Postal Service Act. No.

**FROM: (PLEASE PRINT)**

SEED INTELLIGENCE  
 LAM GROUP  
 701 5TH AVE  
 SEATTLE  
 TLB:RG

**TO: (PLEASE PRINT)**

USPTO MAIL CENTER  
 FEB 16 2005  
 EXPRESS MAIL LABEL  
 02/16/05

BEST AVAILABLE COPY

How many  
 ill box.

lope.

PRESS HARD.  
 You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

